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PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

Effective December 8, 2004 /

09/173,241

CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN																						
TOTAL CLAIMS			(Colu	(Column 1)		(Column 2)		TYPE		OF		R THAN . ENTITY										
						·		RATE	FEE		RATE	FEE										
FOR				NUMBER FILED		NUMBER EXTRA		BASIC F	EE 150.00	OF	BASIC FE	300.00										
Ľ	OTAL CHARG	EABLE CLAIMS	1	minus 20= *				X\$ 25=	.	OF	X\$50=											
<u> </u>	DEPENDENT			minus 3 =				X100=	1	1	Vacc	† —										
MULTIPLE DEPENDENT CLAIM PRESENT								+180=	+	OF.												
• 1	* If the difference in column 1 is less than zero, enter *0" in column 2									JOR	`											
	CLAIMS AS AMENDED - PART II								<u> </u>	OR												
		(Column 1)		(Column 2) (Column 3)				SMALL	ENTITY	OR	OTHER THAN OR SMALL ENTITY											
6	1/24-05	CLAIMS REMAINING	1	HIGHE	ST		IF		ADDI-	7												
AMENDMENT &	770	AFTER AMENDMENT		PREVIOUS PAID F	USLY	PRESENT EXTRA		RATE	TIONAL		RATE	ADDI- TIONAL										
NON	Total	. 14	Minus	- 2	0	= -	t	X\$ 25=	1	OR	X\$50=	FEE										
AME	Independent	/	Minus	**** 4	3		F	X100=			X200=											
	FIRST PRESENTATION OF MULTIPLE DEPENDENT C				CLAIM		1	u=	-	OR	^2UU≃	 										
								+180=		OR	+360=											
										OR	TOTAL ADDIT. FEE											
		(Column 1)		(Columi		(Column 3)	~1	ODIT. FEE			. wuii. FEE											
8		CLAIMS REMAINING	1	HIGHE	-		Г		ADDI-	1	1	ADDI-										
5		AFTER		PREVIOU	ISLY	PRESENT EXTRA	1	RATE .	TIONAL		RATE	TIONAL										
	Total	AMENDMENT	Minus .	PAID FO		-	-	40.55	FEE			FEE										
	Independent	•	Minus	***		=	1	X\$ 25=		OR	X\$50=											
1	FIRST PRESE	NTATION OF ML	ILTIPLE DE	1	LAIM		1.	X100=		OR	X200=											
										OR	+360=											
•	, •••			• .		· :	بر الم	TOTAL DIT.FEE			TOTAL	-										
		(Column 1)	<u>-</u>	(Column	2)	(Column 3)	انده.	DIT. FEE L	٠.,		ODIT. FEEL											
Ī	. — - 	CLAIMS REMAINING		HIGHES	T		_	<u> </u>	<u> </u>	<u> </u>												
	·. · ·	AFTER AMENDMENT		PREVIOUS PAID FOI	SLY	PRESENT EXTRA	F		ADDI- , TIONAL			ADDI- TIONAL										
7	otal		Minus	44		-	1		FEE	ŀ		FEE										
<u> </u>	ndependent.	L	Minus .	- 1000		-	-	\$ 25=	(OR	X\$50= _											
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM X100= OR X200=											1											
Ħø	f the entry in column 1 is less than the entry in column 2, write "0" in column 3.								c	OR	+360=											
•••	THE PERSON NAMED IN COLUMN 1	INCI LICAMINISTA NA	יום ואו ארו או	e edare is is	4	A				"If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												